

TENTATIVE
**SUBJECT TO CHANGE PENDING CMS APPROVAL
AND ADOPTION OF NEW REGULATIONS**

**Multi-Therapy Agency
Provider Type 76**

Information about the program:

- Provider must be an entity licensed (unless exempt from licensure) by the state where they practice.
- Provider must be providing one or a combination of the following: physical therapy, occupational therapy and/or speech language pathology.
- Out-of-state providers may enroll.
- Providers must have “bricks and mortar.”

Additional Information to be submitted by the provider for application processing:

- MAP-811
- MAP-811 Addendum E
- MAP-347 for all licensed providers within the group. (Individual provider number **must** be active in order to join a group.)
- License **issued by the Office of Inspector General (OIG)** (unless exempt from licensure) for one of the following: Adult Day Health, Special Health Services Clinic; Rehabilitation Agency or a Mobile Health Services.
- If a provider is exempt from licensure, must submit a letter indicating why the provider is exempt.
- CLIA Certificate (if applicable)
- IRS letter of verification of FEIN or Official IRS documentation stating FEIN. FEIN must be pre-printed by IRS on documentation. W-9 forms will not be accepted.
- NPI and Taxonomy Verification

Important addresses:

- KY Medicaid
Provider Enrollment
P.O. Box 2110
Frankfort, KY 40602